



PERSONAL INFORMATION ACCESS REQUEST FORM – **RESIDENTIAL AGED CARE & SENIORS LIVING**

Complete this form to request access to personal information held about you by Mercy Health. You can only request access to information about yourself or someone for whom you have authority to request access on their behalf.

This application must be accompanied by a copied form of identification (such as a copy of a driver's licence or pension card) to assist us to verify your identity.

Note – we are able to charge fees under the various state/territory legislation for providing you this information. If this applies to your request, we will contact you regarding this once we have received your request..

If you are not the person in SECTION 1 to whom the request relates, please complete BOTH Sections 1 and 2.

SECTION 1 – Resident details

Name:.....

Address:.....

.....

Phone (BH): ().....Date of Birth.....

SECTION 2 – Applicant details (this section needs to be completed if you are not the resident above to whom the request relates)

Name:.....

Address:.....

.....

Phone (BH): ()

Relationship to resident:

Important: to assist us in deciding if we can provide a resident's information to you, you must provide evidence of your authority to ask for their information. For example, a signed written consent by the resident authorising access to be provided to you or an enduring power of attorney (please note this request is not processed at the home or retirement village so a copy must be provided).

SECTION 3 – Details of Request

Request for access from:

Name of home / ILU (e.g. Mercy Place Abbotsford):
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Details:

Please provide specific details of the personal information you would like to obtain:

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In order to assist us with your application, please advise what you require this information for:

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Please sign and date this form and return it to the applicable facility with proof of your identity and evidence of authority (if applicable) to the home. Alternatively, you can email the form and proof to MHagedCareQuality@mercy.com.au (**note** while legislation allows for up to 30 days to process these requests we aim to respond to you within five business days).

Signature..... Date: / /

For Mercy Health

Date request received:.....

Referred by (name):

Position:.....